2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2008 8:00 am
Secretary of State

05-02-2008 90114 029 ***150.00

DOCUMENT # P07000051102

1. Entity Name
HELIXROTORS, INC.

Principal Place of Business	Mailing Address
5930 NW 99TH AVENUE #4 DORAL, FL 33178 US	5930 NW 99TH AVENUE #4 DORAL, FL 33178 US

04292008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5930 NW 99th Ave	5930 NW 99th Ave
Suite, Apt. #, etc. #3	Suite, Apt. #, etc. #3
City & State Doral, FL	City & State Doral, FL
Zip 33178 Country US	Zip 33178 Country

4. FEI Number APPLIED FOR ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTINEZ, MIGUEL A 5930 NW 99TH AVE #4 DORAL, FL 33178	Name Miguel A Martinez Street Address (P.O. Box Number is Not Acceptable) 5930 NW 99th Ave #3 City Doral FL Zip Code 33178

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Miguel Angel Martinez APRIL 30, 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, MIGUEL 5930 NW 99TH AVENUE #4 DORAL, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Martinez, Miguel 5930 NW 99th Ave #3 Doral, FL 33178	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Miguel Angel Martinez April 30, 2008 305-300-9849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #